Professional Exchange Program

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Care Financing Administration

The Health Care Financing Administration (HCFA), one of four principal operating components of the U.S. Department of Health and Human Services, is the largest purchaser of health care services in this country. It is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review program and a variety of other health care quality assurance programs. Over 47 million of the Nation's aged, disabled and poor depend on HCFA for the timely delivery of appropriate, quality health care. Its $54 billion budget for Fiscal Year 1981 represents nearly 9 percent of total Federal spending.

On July 30, 1980, in a presentation to the annual convention of the American Hospital Association, I spoke of the goal of attempting to reestablish a sense of partnership between the public and private sectors of our health care system. The HCFA Professional Exchange Program, described in this brochure, represents a modest beginning toward achieving this goal. In this program, a carefully selected group of talented individuals will have the opportunity to see and participate in the activities of the other sector through a structured work experience. Through a joint selection process, approximately 10 people from HCFA and 10 from such settings as hospitals, fiscal intermediaries, state agencies, health planning agencies, professional standards review organizations and other non-Federal organizations will be given an opportunity to exchange places for a year. Upon their return, the participants shall have a better understanding and appreciation of the other sector's perspective toward health care delivery.

I plan to invite several distinguished leaders from the private sector to join me and several public sector colleagues in serving on the selection panel.

The Professional Exchange Program is, I hope, only the beginning in building a cooperative effort towards improving the health care system in this country.

Howard Newman
Administrator

PROFESSIONAL EXCHANGE PROGRAM

Introduction

The Professional Exchange Program is a formal program of interchange between the Health Care Financing Administration (HCFA), State and local governments, educational institutions and certain other organizations that manage or deliver health care services. The program's one-year assignments are designed to enhance the health care professional's understanding and appreciation of the other sector's perspective so as to improve the delivery of health care services.

Organizational assignments and participants will be selected for the program through a competitive process. At the conclusion of their assignments, participants will be expected to return to their home organization.

Participation in both aspects of the Professional Exchange Program is preferred—providing an assignment and sponsoring an applicant. Such participation will enhance the program's objectives of exchanging ideas, improving skills and broadening perspectives. However, HCFA will consider proposals from organizations that only desire to participate in one aspect of the program

Program Objectives

- To facilitate an exchange of ideas and encourage cooperation and coordination among health care service professionals.
- To improve the professional's understanding and appreciation of the other sector's perspective towards health care delivery.
- To increase the knowledge, skills and abilities of program participants.
- To improve the overall delivery of health care services.
- To support the intent of the Federal Civil Service Reform Act of 1978 by improving intergovernmental cooperation and strengthening the delivery of public services.

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Organization Eligibility Requirements

Initially, the program will be conducted under the provisions of the Intergovernmental Personnel Act (IPA) which allows, under Alternatives I and II, participation of:

- State and local governments
- Educational institutions
- Non-profit organizations which have, as a principal function, the provision of public management services to the Government

The Professional Exchange Program allows a broader range of participation than the IPA or other Federal regulations allow. Therefore, the program will be phased into operation as Federal requirements for expanding program participation are satisfied.

Organizations that believe they do not meet the IPA eligibility criteria should follow the application instructions outlined under Alternative III of this section. Although these organizations will not be able to immediately participate in the Professional Exchange Program, HCFA will consider their inclusion as necessary Federal regulations are met.

Alternative I

Organizations that are currently eligible for IPA participation, including non-profit organizations that have been certified by the U.S. Office of Personnel Management (OPM), may send a proposal directly to HCFA.

For each position assignment being proposed, these organizations should use the attached form to describe the following information:

- position title
- description of duties and responsibilities
- desired qualifications of exchange participant
- statement of the organization's rationale and objectives for selecting this position for the Professional Exchange Program
- statement of additional career development opportunities that can be provided during the assignment (e.g., formal training, rotational assignments, etc.)

Alternative II

Organizations requesting and receiving OPM certification as "eligible other organizations, or instrumentalities or authorities of State and local government" may then submit an assignment proposal (see Alternative I) directly to HCFA. To apply for OPM certification, the organization must meet the regulatory definition of "other organization" as:

> "A national, regional, Statewide, areawide, or metropolitan organization representing member State or local governments; an association of State or local public officials; or a non-profit organization which has as one of its principal functions the offering of professional advisory, research, education, or development services, or related services to governments or universities concerned with public management."

(This definition *excludes* private "for profit" organizations and organizations whose principal functions are other than the offering of public management services.)

The organization's request for OPM certification should include:

- organization by-laws
- articles of incorporation
- Internal Revenue Service non-profit statement
- any other pertinent information describing the organization's activities as they relate to or support the public management concerns of government or universities

Send to:

Assistant Director for Intergovernmental
Personnel Programs
Office of Personnel Management
P.O. Box 14184
Washington, D.C. 20044

(The OPM certification process will require approximately 6-8 weeks.)

Alternative III

Organizations not meeting IPA eligibility criteria, but wishing to participate, should send a letter directly to HCFA:

- expressing their interest in the program
- indicating why the program would be beneficial to the organization
- identifying the type of assignment and potential employee nomination they would propose for the program

These organization will be considered for participation in the program through other means. HCFA is exploring a number of alternatives to achieve this objective.

Employee Eligibility Requirements

The Professional Exchange Program is intended for mid-level to executive-level professional, technical or administrative employees of the Federal Government and eligible non-Federal organizations. Eligibility is further defined as Federal employees GS-9 to the Senior Executive Service and equivalent non-Federal positions.

Interested employees meeting the above criteria should prepare the following information:

- Standard Form 171 or comparable resume
- A completed application form (attached)

Individuals who are part of an organization or association that establishes a formal mechanism to coordinate exchange program selections should send these materials to their organization's Professional Exchange Program coordinator. Individuals who are not part of such an organization or association should forward their application to HCFA.

Assignment and Participant Selection

Proposed assignments and applicants will be reviewed by a panel of senior representatives from HCFA and non-Federal organizations. The panel will select final program assignments and refer the most qualified applicants to host organizations for final interview and selection. Assignments and applicants most suitable to the program's purpose and objectives will be selected.

Organizations expressing interest in *both* aspects of the program—providing assignments and sponsoring applicants—will receive priority consideration for program participation. Similarly, applicants of such organizations are more likely to be selected.

Cost and Obligations

The employees' home organizations will be responsible for continued salary and benefits during the program. HCFA will pay related travel costs required for Federal and non-Federal participants. The host organizations will be responsible for any supplemental career development activities offered to participants (e.g., formal training).

NOTE: Special pay arrangements may be considered under Alternative III of the program.

Federal employees will retain their grades and positions while participating in this program. Non-Federal employees will be considered Federal employees during the program for purposes of compliance with all policies and regulations governing Federal employment, including employment responsibilities, hours of duty and conduct.

Expressions of interest and requests for information should be addressed to:

Professional Exchange Program
Health Care Financing Administration
P.O. Box 17097
Baltimore, Maryland 21203

Selection for this program will be based solely on merit, with no discrimination for non-merit reasons such as race, color, religion, sex, national origin, politics, marital status, physical handicap, age or membership or non-membership in an employee organization.

Program Schedule

Activity	*Date*
Deadline for submission of organizational assignment proposals (Alternative I)	November 15, 1980
Deadline for submission of participant nominations (Alternative I)	November 15, 1980
Selection of assignments and participants (Alternative I)	January 15, 1981
Initial submission of organizational assignment proposals (Alternative II)	February 1, 1981
Initial submission of participant nominations (Alternative II)	February 1, 1981
Selection of assignments and participants (Alternative II)	March 15, 1981
Deadline for submission of statements of interest (Alternative III)	December 1, 1980

DEPARTMENT OF HEALTH, AND HUMAN SERVICES
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Professional Exchange Program

ORGANIZATION'S PROPOSAL FOR ASSIGNMENT

ORGANIZATION NAME ADDRESS PRINCIPAL CONTACT NAME

TELEPHONE #
( )

NATURE OF PROGRAM PARTICIPATION:
☐ ASSIGNMENT ONLY ☐ APPLICANT SPONSOR ☐ BOTH

POSITION TITLE:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES *(Include supervisory duties, if applicable):*

(Use Additional Sheets if Required)

DESIRED QUALIFICATIONS:

EDUCATION:

TECHNICAL-PROFESSIONAL KNOWLEDGE OR EXPERIENCE (ADP, ACCOUNTING, ETC.):

OTHER PROFESSIONAL KNOWLEDGE OR EXPERIENCE:

SUPERVISORY EXPERIENCE:

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EMPLOYEE APPLICATION FOR PARTICIPATION

NAME: SOCIAL SECURITY NUMBER:

MAILING ADDRESS: NAME & ADDRESS OF PARENT ORGANIZATION:

TELEPHONE: ( ) EXT. ____ HOURS OF WORK: _____ TO _____

CURRENT SALARY: _____ PER _____ LOWEST ACCEPTABLE SALARY: _____ PER _____

GEOGRAPHIC PREFERENCE:

- ☐ WASHINGTON, DC
- ☐ BALTIMORE, MD.
- ☐ ANYWHERE IN THE U.S.
- ☐ CITIES: _____
- ☐ STATES: _____

ABILITY TO TRAVEL

- ☐ CANNOT TRAVEL
- ☐ 1-5 NIGHTS PER MONTH
- ☐ 6-10 NIGHTS PER MONTH
- ☐ 11-MORE NIGHTS PER MONTH

DESCRIBE YOUR CURRENT POSITION *(Include Supervisory Responsibilities):*

DESCRIBE YOUR CURRENT ORGANIZATION *(Scope of Operation, Objectives and Size)*

BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO PARTICIPATE IN THE PROFESSIONAL EXCHANGE PROGRAM: WHAT ARE YOU PRIMARILY INTERESTED IN LEARNING AND HOW WOULD YOUR CAREER GOALS BE ENHANCED BY PARTICIPATION?

PLEASE INDICATE THE AMOUNT OF PRIOR EXPERIENCE AND/OR FAMILIARITY YOU HAVE IN EACH OF THE FOLLOWING SUBJECT AREAS. ALSO, PLEASE RANK THE TOP FIVE (5) AREAS FOR WHICH YOU WOULD PREFER A PROFESSIONAL EXCHANGE ASSIGNMENT.

AREA OF ACTIVITY	Minimal	Moderate	Strong	#	AREA OF ACTIVITY	Minimal	Moderate	Strong	#
Health Regulation					Cost-Benefit Analysis				
Hospital Administration					Contract Negotiation/Admin.				
Use of Statistical Data					Quality of Care Regulation				
Cost Control Mechanisms					Systems Analysis/Design				
Accounting					Human Resources Planning				
Budget Formulation/Admin.					Legislation Development				

OTHER COMMENTS

SIGNATURE DATE

PRIVACY ACT NOTICE:

Sections 3373 and 3374, Assignment of Employees To and From State or Local Governments, of Title 5, U.S.C., authorizes collection of this information. The data will be used primarily to formally document and record your temporary assignment to or from a State or local government, institution of higher education, Indian tribal government, or other eligible organization. This information may also be used as the legal basis for personal and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law enforcement agencies, or by State, local or Federal income taxing agencies.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9937, which permitted use of the SSN as an indentifier of individual records maintained by Federal agencies. Furnishing your SSN or any other data requested is voluntary. However, failure to provide any of the requested information may result in your being ineligible for participation in the HCFA Professional Exchange Program.

PLEASE ATTACH A FORM SF-171 OR COMPARABLE RESUME, PLUS A NOMINATION LETTER FROM YOUR IMMEDIATE SUPERVISOR OR OTHER RESPONSIBLE OFFICIAL (OPTIONAL) AND SEND TO:

PROFESSIONAL EXCHANGE PROGRAM
HEALTH CARE FINANCING ADMINISTRATION
P.O. BOX 17097
BALTIMORE, MD 21203

SIGNATURE OF APPLICANT DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Care Financing Administration

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SUPERVISOR'S NOMINATION STATEMENT

ORGANIZATION NAME | ADDRESS | APPLICANT'S NAME

SUPERVISOR'S NOMINATION STATEMENT OF APPLICANT, INCLUDING AN ASSESSMENT OF APPLICANT'S PERSONAL STRENGTHS AND WEAKNESSES IN RELATION TO THE GOALS AND OBJECTIVES OF THE PROFESSIONAL EXCHANGE PROGRAM:

EXPECTED BENEFIT BY THE ORGANIZATION OF THE APPLICANT'S PARTICIPATION IN THE PROGRAM:

DESCRIPTION OF THE OFFICIAL'S RELATIONSHIP TO THE APPLICANT AND THE ORGANIZATION AS A WHOLE:

OTHER RELEVANT COMMENTS AND OBSERVATIONS:

SIGNATURE AND TYPED NAME OF APPLICANT'S SUPERVISOR OR OTHER OFFICIAL: | TITLE | DATE

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